

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034324

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 130

Primary Registration District No.

Registrar's No. 86

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY Gentry County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany Missouri		c. CITY OR TOWN Parnell	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial		d. STREET ADDRESS (If outside, give location) north east	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Liddia Louise Mason		4. DATE OF DEATH Month Day Year September 7 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/14/1896
9. AGE (last birthday) 66		10. IF UNDER 1 YEAR Months Days Hours Min. 7 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY house wife	11. BIRTHPLACE (City and state or country) Peru, Nebraska
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Newton R. Rogers	
13b. MOTHER'S MAIDEN NAME Anna Selae		14. NAME OF HUSBAND OR WIFE Peter C. Mason	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. Peter Mason, Parnell, Missouri	
17. INFORMANT Peter Mason, Parnell, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart failure DUE TO (b) Carcinoma of Liver DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Albany, Mo.	
20g. COUNTY Worth		20h. STATE Missouri	
21. I attended the deceased from Aug. 6-62 to Sept. 7-62 and last saw her alive on Sept. 7-62 Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. J. Pray, D.O.	
22b. ADDRESS Albany, Mo.		22c. DATE SIGNED 9-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/10/1962	23c. NAME OF CEMETERY OR CREMATORY Peru Cemetery	
23d. LOCATION (city, town, or county) Peru, Nebraska		23e. STATE Nebraska	
24. FUNERAL DIRECTOR John Andrews, Grant City, Missouri		25. DATE RECD. BY LOCAL REG. 9-10-62	
26. REGISTRAR'S SIGNATURE Mrs. L. W. Borg			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.